## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER AS FILED 1st AMENDMENT DEP. IND. DEP. IND. DEP. IND. IND,/ DEP. IND. IND. DEP. τ ī ì • TOTAL IND. . **\*\*\*** TOTAL IND. TOTAL DEP. TOTAL CLAIMS \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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